

FORM PROCESSING ACTION REQUEST <i>(Read Instructions in DoD 7750.7-M before completing this form)</i>		1. TYPE SUBMISSION (X one)		2. FORM DESIGNATION AND NUMBER <i>(Leave blank if a new form)</i> 30SW Form 3555		3. DATE OF FORM <i>(Complete only when cancelling a form)</i> 20000228																																																													
		<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> OTHER (Specify)																																																																
		<input type="checkbox"/> REVISION																																																																	
		<input type="checkbox"/> CANCELLATION																																																																	
4. FROM (DoD Component OPR Organization and complete mailing address) 30CES/XXXX 1 California Blvd, Suite 900 Vandenberg AFB, CA 93437		5. THRU (DoD Component FMO Organization and complete mailing address) 30CS/SCSPP-DCI 95 13th St, Bldg 6510, Rm 128 Vandenberg AFB, CA 93437-0759		6. TO (Organization and complete mailing address) AFSPC CSS/SCSPF 150 Vandenberg St, Suite 150 Stop 47-30 Peterson AFB, CO 80914																																																															
7. FORM TITLE Civil Engineer Skyhook Crane Use Request				8. SUPERSEDED FORMS (If applicable) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. FORM NUMBER</td> <td style="width: 33%;">b. EDITION DATE</td> <td style="width: 34%;">c. DISPOSITION (X one)</td> </tr> <tr> <td></td> <td></td> <td>(1) USE (2) DO NOT USE</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				a. FORM NUMBER	b. EDITION DATE	c. DISPOSITION (X one)			(1) USE (2) DO NOT USE																																																						
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9. PRESCRIBING DOCUMENT NUMBER <i>(Attach copy)</i> 30SWI32-xxxx		10. FUNCTIONAL CODE (Leave blank if a new form)		11. TYPE OF FORM (X one) <input checked="" type="checkbox"/> PRESCRIBED <input type="checkbox"/> ADOPTED																																																															
12. DESIGN CONSIDERATIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a. SUGGESTED SIZE <i>(Width) (Length)</i></td> <td style="width: 20%;">b. SPECIAL CONSTRUCTION REQUIRED <i>(X one)</i> YES, (If Yes, attach printing specifications) <input checked="" type="checkbox"/> NO</td> <td style="width: 25%;">c. IS FORM CLASSIFIED? <i>(X as applicable)</i> WHEN BLANK? <input checked="" type="checkbox"/> NO WHEN FILLED IN?</td> <td style="width: 20%;">d. IS FORM CONTROLLED? <i>(X as applicable)</i> SAFEGUARD <input checked="" type="checkbox"/> NO SERIALLY NUMBERED</td> <td style="width: 20%;">e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WITH STIPULATIONS</td> </tr> <tr> <td>8.5 11</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								a. SUGGESTED SIZE <i>(Width) (Length)</i>	b. SPECIAL CONSTRUCTION REQUIRED <i>(X one)</i> YES, (If Yes, attach printing specifications) <input checked="" type="checkbox"/> NO	c. IS FORM CLASSIFIED? <i>(X as applicable)</i> WHEN BLANK? <input checked="" type="checkbox"/> NO WHEN FILLED IN?	d. IS FORM CONTROLLED? <i>(X as applicable)</i> SAFEGUARD <input checked="" type="checkbox"/> NO SERIALLY NUMBERED	e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WITH STIPULATIONS	8.5 11																																																						
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13. PURPOSE AND DESCRIPTION OF USE <i>(Attach additional sheet, if necessary)</i> This form is to request use of specialized equipment for base civil engineering projects.																																																																			
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FORM PROCESSING INFORMATION (Continuation)															
1. TYPE OF FORM		2. STATUS		3. HOW ISSUED (Check all that apply)											
<input type="checkbox"/>	DEPARTMENTAL	<input checked="" type="checkbox"/>	PERMANENT	<input checked="" type="checkbox"/>	CUTSHEET	<input type="checkbox"/>	SET	<input type="checkbox"/>	CARD	<input type="checkbox"/>	CONTINUOUS	<input type="checkbox"/> OTHER (Specify):			
<input type="checkbox"/>	COMMAND	<input type="checkbox"/>	ONE-TIME	<input type="checkbox"/>	COMPUTER GENERATED (Non Standard Software)			NAME OF SOFTWARE			DISK NUMBER (If applicable)				
<input type="checkbox"/>	HEADQUARTERS	<input type="checkbox"/>	TEST	<input type="checkbox"/>	ELECTRONIC/LRA (AF Standard Software)							DISK NUMBER (If applicable)			
4. TYPE OF FILE USED FOR COMPLETED FORMS				5. NO. COPIES FILLED IN AT ONE TIME				6. ESTIMATED USE PER MONTH				7. IS FORM ACCOUNTABLE?			
<input checked="" type="checkbox"/>	FOLDER	<input type="checkbox"/>	CARD BOX	1				20				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
<input type="checkbox"/>	LEDGER	<input type="checkbox"/>	DISK	8. TYPE(S) OF USING ACTIVITIES Base Civil Engineering Equipment Request										9. IS SIGNATURE AUTHENTICATION REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/>	RING BINDER	<input type="checkbox"/>	OTHER (Specify)												
<input type="checkbox"/>	VERTICAL	<input type="checkbox"/>													
<input type="checkbox"/>	VISIBLE	<input type="checkbox"/>													
10. IF YOU ARE REVISING A PRESCRIBED FORM, DOES YOUR DIRECTIVE REQUIRE A CHANGE?			11. (Complete Items 11 and 12 if form not stocked by PDO.)			12. DELIVER TO (If other than normal distribution system, include complete organizational mailing address, building and room numbers, name of point of contact and commercial phone number).									
<input type="checkbox"/>	YES	<input type="checkbox"/> NO	<input type="checkbox"/>	STOCKED & ISSUED											
(If YES, enter date directive will be submitted.)			<input type="checkbox"/>	STOCKED & USED											
PRINTING SPECIFICATIONS															
13. TRIM SIZE		14. FOLD TO		15. NO. OF PAGES		16. QUANTITY REPRODUCED ON INITIAL PRINTING		17. QUANTITY IN							
WIDTH	LENGTH	WIDTH	LENGTH			200		<input checked="" type="checkbox"/>	SHEETS	<input type="checkbox"/>	SETS	<input type="checkbox"/>	PADS		
								<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	OTHER:				
18. PAPER STOCK				19. PRINT						20. BINDING					
COPY NO.	BASIS WEIGHT	KIND	COLOR	COLOR INK	FACE ONLY	HEAD TO				STAPLE		<input type="checkbox"/>	GLUE		
						HEAD	FOOT	LEFT	RIGHT	SIDE STITCH		<input type="checkbox"/>	SADDLE STITCH		
1	20#	stock	white	blak						OTHER (Specify):					
2										21. PUNCHING					
3															
4										NO HOLES	DIAM	C TO C	SHAPE		
5										POSITION					
6										22. PERFORATION					
7															
8										HORIZONTAL		PARTS ONLY			
9										VERTICAL		PARTS & CARBONS			
10															
ELECTRONIC FORMS PROCESSING INFORMATION										24. SERIALLY NUMBERED					
25. FORM IS DESIGNED ONLY AS A TEMPLATE FOR FILL IN?			26. DEVELOP HELP SCREENS FOR FORM?			27. UNLOCKED VERSION OF FORM IS APPROVED FOR DISTRIBUTION?			BEGINNING NUMBER		ENDING NUMBER				
<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO	INK COLOR:						
28. REMARKS/ADDITIONAL SPECIFICATIONS Small quantity will be used in printed format by CE office. Users encouraged to complete electronically.															